U.S. APPLICATION	NO. (If known, see 37	C.F.R. 1.50)	INTERNATIONAL APPLICA	TION NO.	ATTORNEYS DOCKE	T NUMBER			
Not Yet Ass		542.	039185-2						
21. The follow	ing fees are submi		-		CALCULATIONS	PTO USE ONLY			
a) Basic n	ational fee			\$300.00	\$300.00	<u> </u>			
b) Examir	nation fee			\$200.00	\$200.00				
c) Search	fee		\$500.00						
,	TOTAL OF ABO	VE CALCU	\$1000.00						
(excluding	I fee for specificat g sequence listing The fee is \$250 f	or computer p							
Total Sheets	fire		Number of each additional 50 or fraction thereof (round up to a whole number)						
8 - 100 =	0 /50 =		· · · · · · · · · · · · · · · · · · ·	x \$250.00	\$				
	30.00 for furnishi priority date (37		\$						
CLAIMS	NUME	ER FILED	NUMBER EXTRA	RATE		_			
Total claims	Total claims 10 - 2		0	x \$50.00	\$				
Independent cla		- 3 =	0	x \$200.00	\$				
MULTIPLE DE	EPENDENT CLA			+ \$360.00	\$				
			ABOVE CALCUI		\$1000.00				
Applicant of reduced by	laims small entity ½.	status. See 3	\$						
			SU	BTOTAL =	\$1000.00				
	of \$130.00 for furn t claimed priority		\$						
			\$1000.00						
	ng the enclosed ass an appropriate co		\$						
			\$						
*					Amount to be refunded:	\$.			
_			•		Amount to be charged:	\$1000.00			
a. A check in the amount of \$ to cover the above fees is enclosed.									
	Please charge my Deposit Account No. 19-2380 in the amount of \$1000.00 to cover the above fees. A duplicate copy of this sheet is enclosed.								
	The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. 19-2380. A duplicate copy of this sheet is enclosed.								
	Fees are to be charged to a credit card. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.								
NOTE: Where an appropriate time limit under 37 CFR 1.494 or 1.495 has not been met, a petition to revive (37 CFR 1.137(a) or (b)) must be filed and granted to restore the application to pending status.									
SEND ALL CORRE	SPONDENCE TO:		Ja 2007						
				· s	IGNATURE				
NIXON PEA	BODY LLP		David S. Safran						
401 9 th Street, N.W.				IAME					
Suite 900 Washington,	D.C. 20004-2	128	.7,997						
			EGISTRATION NUMBER						

10/542325
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CHANGE OF CORRESPONDENCE ADDRESS Application Address to: Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 Application Number 10/542,325 Filing Date 01-09-2006 Richard KRETZ et al. Art Unit Examiner Name 039185-2

									
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Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number									
Type or Printed Name Signature Date David S. Safran, Reg. No. 27,997 Pointed Name January 9, 2006									
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.									
*Total of forms are submitted.									

CERTIFICATION

I, S V Raman, of 23/52 Gariahat Road, Kolkata – 700 029, do hereby certify that the following 9 pages are a true and correct English translation of the original German document presented under reference number PCT/AT2003/000380.

S V Raman

Authorized Translato

Kolkata, 24 June 2005